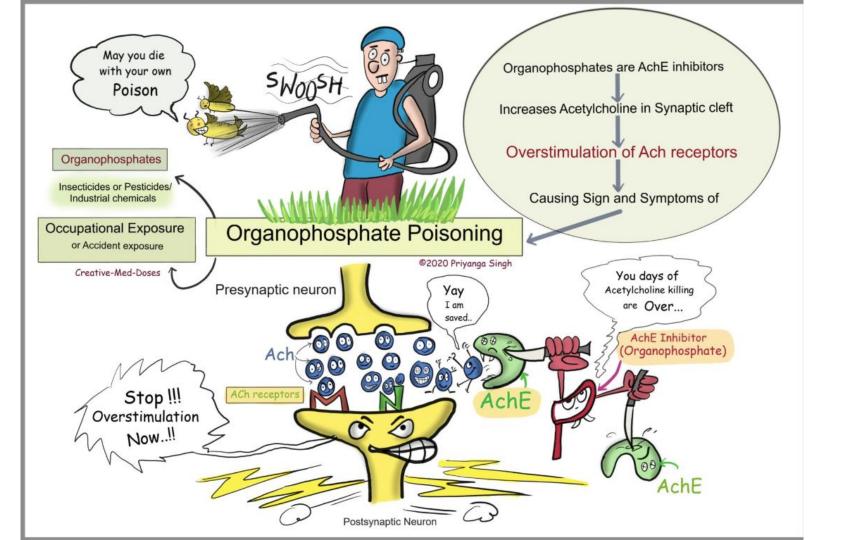
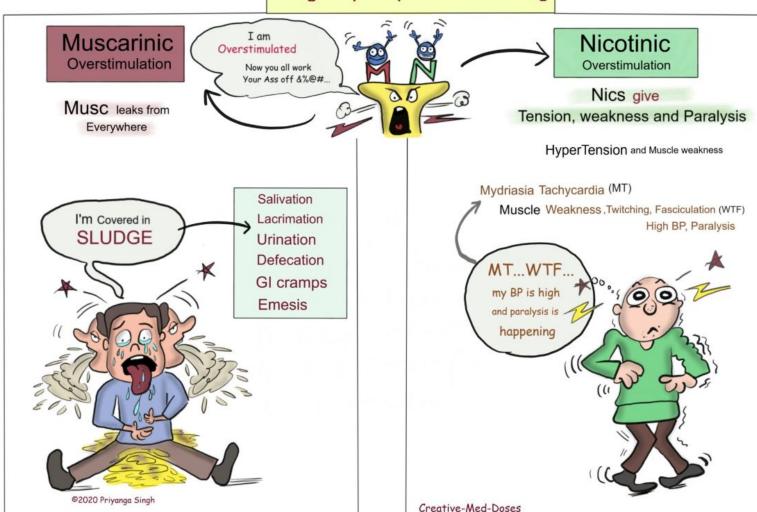
# Organophosphate Poisoning

#### Outline

- Assessment
- Emergency Management
- Complications



#### Organophosphate Poisioning



#### **Emergency Management**

Provider protection
Gloves, gown, mask, eye protection
DECONTAMINATE THE PATIENT!
Remove all clothes
Wash with soap and water

ABC

02

IVF

Cardiac monitor

Beware the "Killer B's": Bradycardia Bronchorrhea and Bronchospasm

#### **Emergency Management**

### Goal of acute management:

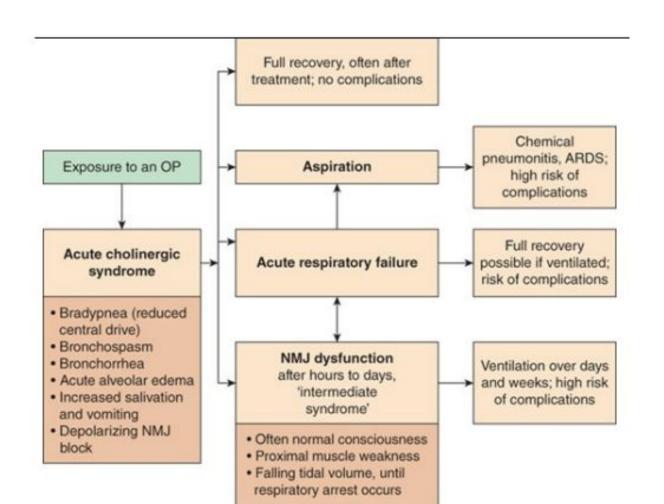
Treat muscarinic effects

- Atropine

Reactivate acetylcholinesterase

- Pralidoxime

#### Complications



## Approach to Poisoned Patient

- Resuscitation
  - ABCDE's
  - Assessment
    - **Consider Toxidromes**
    - Vitals, Labs investigations, ECG
    - Decontamination

    - Protect yourself and others (PPE)
    - Gastric lavage, Activated charcoal
- Antidote
- If appropriate
- - Disposition
    - In non-critical patients, consider monitoring up to 24 hours

#### ANTIDOTE INDICATION (POISON) N-acetylcysteine Acetaminophen

Fomepizole (4-MP)/ethanol Methanol/ethylene glycol

Selected Antidotes and Their Indications

- Oxygen/hyperbarics Carbon monoxide Naloxone Opioids
- Physostigmine Anticholinergics Atropine/pralidoxime (2-PAM) Organophosphates
- Methylene blue Methemoglobinemia Nitrites/hydroxycobalamin Cyanide
- Deferoxamine Iron Dimercaprol (BAL) Arsenic, lead Succimer (DMSA)

CaEDTA

Glucagon

Fab fragments

Sodium bicarbonate

Calcium, insulin/glucose

Intravenous fat emulsion

pyridoxine (vitamin B<sub>6</sub>)

- Lead, mercury Lead
  - Digoxin, crotalids **B**-blockers
- Dextrose, glucagon, octreotide
  - Salicylates, tricyclic antidepressants Calcium channel antagonists
  - Oral hypoglycemic agents Isoniazid (INH) Local anesthetic systemic toxicity

Certain fat-soluble medications